



Cal-Regent Insurance Services Corporation
 CA License No. OC64516 AZ License 167509
 P.O. Box 711868 Santee, California 92072-1868
 Telephone (619) 596-2770 Fax (619) 596-4049 www.cal-regent.com

GARAGE APPLICATION
Driveway Contractor Page 1

REQUESTED EFFECTIVE DATE: _____

PRODUCER'S INFORMATION- *THE BROKER'S IDENTIFYING INFORMATION*

Name of Agency: _____

Address: _____ City _____ State _____ Zip _____

Telephone: _____ FAX: _____

Contact: _____ E-mail: _____

A. Have you personally inspected the insured's premises? YES NO

B. Do you control this account? YES NO

APPLICANT'S INFORMATION- *INFORMATION ABOUT THE INSURED*

IF THE INSURED IS AN INDIVIDUAL DBA, THEN FILL IN THE NAME BELOW:

Name: _____ DBA _____

OR, IF THE INSURED IS NOT A DBA, FILL IN THE NAME BELOW:

Corporate/LLC/Partnership Name: _____

Business Form: Corporation Partnership LLC LLP

Mailing Address: _____

City: _____ State _____ Zip _____

Telephone: _____ Contact: _____

FAX: _____ E-MAIL: _____

PRIOR INSURANCE INFORMATION:If No Prior Insurance, please check here: _____ **NO PRIOR INSURANCE**If No Prior Insurance, please **EXPLAIN** why not previously insured: _____**IF PRIOR INSURANCE, FILL IN THE INFORMATION BELOW:**

YEAR	CARRIER	POLICY NO.	LIMITS	PREMIUM

CLAIMS HISTORY:Check here if No Claims: _____ (If any claims exist, describe below)

DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID/ RESERVED

PROVIDE ALL ADDITIONAL INFORMATION REGARDING EACH CLAIM THAT YOU WANT CONSIDERED:

BUSINESS OPERATION INFORMATION-

PLEASE HAVE INSURED ANSWER ALL QUESTIONS:

1. HOW MANY YEARS HAS THE INSURED BEEN IN THE CURRENT BUSINESS? ____ YEARS

2. HOW MANY YEARS EXPERIENCE AS A DRIVEAWAY CONTRACTOR ____ YEARS

STATE THE NATURE OF PRIOR EXPERIENCE: _____

3. DOES THE INSURED OBTAIN MVR'S ON ALL DRIVERS BEFORE HIRING?	__ YES	__ NO
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IF "YES", HOW OFTEN ARE THE MVR'S UPDATED? _____

4. DOES THE INSURED HAVE A TRAINING PROGRAM FOR NEW HIRES? (PROVIDE A COPY)	__ YES	__ NO
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5. DOES THE INSURED HAVE A SAFETY PROGRAM IN PLACE? (PROVIDE A COPY)	__ YES	__ NO
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6. DOES THE INSURED STORE VEHICLES OVERNIGHT? __ YES __ NO

A. IF YES, WHERE ARE THE VEHICLES STORED: _____

1. IS THE STORAGE AREA FULLY FENCED? __ YES __ NO

B. ARE KEYS REMOVED FROM VEHICLES AND VEHICLES LOCKED? __ YES __ NO

C. IF YES, DESCRIBE SECURITY PRECAUTIONS TAKEN TO PROTECT THE VEHICLES:

7. DOES THE APPLICANT KEEP ACCIDENT RECORDS?	__ YES	__ NO
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A. IF "YES", DOES APPLICANT REVIEW ACCIDENTS WITH THE DRIVER? __ YES __ NO

8. DOES THE INSURED CARRY WORKERS' COMPENSATION INSURANCE?	__ YES	__ NO
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9. DOES THE INSURED USE A TOW TRUCK IN THIS BUSINESS?	__ YES	__ NO
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IF SO, WE CAN NOT INSURE THIS RISK!!!!

10. DOES THE INSURED ALLOW PERSONAL USE OF CUSTOMER'S CARS BY ANYONE?	__ YES	__ NO
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BUSINESS OPERATION INFORMATION- (Continued)

PLEASE HAVE INSURED ANSWER ALL QUESTIONS:

11. IS THE INSURED INVOLVED IN REPOSSESSING VEHICLES?

___ YES ___ NO

12. IS THE BUSINESS OWNER OR ANY EMPLOYEE UNDER AGE 21?

___ YES ___ NO

IF "YES": WE CAN NOT INSURE ANYONE UNDER AGE 21!!!!

13. IS THE INSURED ENGAGED IN ANY OTHER BUSINESS?

___ YES ___ NO

IF "YES": A. STATE THE NAME OF THE BUSINESS? _____

B. STATE THE TYPE OF BUSINESS: _____

14. DOES THE INSURED BUSINESS OWNER SPEAK AND READ ENGLISH?

___ YES ___ NO

15. ARE THERE UNDERGROUND TANKS ON THE INSURED'S PREMISES?

___ YES ___ NO

16. PROVIDE FULL DESCRIPTION OF TYPES OF VEHICLES TRANSPORTED:

WE DO NOT INSURE RISKS THAT TRANSPORT VEHICLES OVER 18,000 LBS. GVW OR SEMI-TRUCKS!!

What is the average value of the vehicles being transported? \$ _____

Do you specialize in a particular make or model of cars to be transported? ___ YES ___ NO

If "YES", make or model? _____

List the percentage of type of vehicles being transported below:

Autos ___% **Light trucks** ___% **Medium trucks** ___% **Motor Homes** ___% **Motorcycles** ___%

17. ARE ALL THE VEHICLES TRANSPORTED BY INDIVIDUAL DRIVERS? ___ YES ___ NO

IF "NO", WE DO NOT INSURE RISKS THAT USE A CAR TRANSPORTER!

LOCATION NO.: _____

LIABILITY COVERAGES REQUESTED - Please state all applicable coverage and limits requested:

COVERAGES REQUESTED	LIMITS OF LIABILITY	DEDUCTIBLE
GARAGE LIABILITY (SYMBOL 30)	<input type="checkbox"/> \$100,000 CSL without Aggregate <input type="checkbox"/> \$100,000 CSL with Aggregate \$200,000 <input type="checkbox"/> \$100,000 CSL with Aggregate \$300,000 <input type="checkbox"/> \$300,000 CSL without Aggregate <input type="checkbox"/> \$300,000 CSL with Aggregate \$600,000 <input type="checkbox"/> \$300,000 CSL with Aggregate \$900,000 <input type="checkbox"/> \$500,000 CSL without Aggregate <input type="checkbox"/> \$500,000 CSL with Aggregate \$1 Million <input type="checkbox"/> \$500,000 CSL with Aggregate \$1.5 Million <input type="checkbox"/> \$1 Million CSL without Aggregate <input type="checkbox"/> \$1 Million CSL with Aggregate \$2 Million	<input type="checkbox"/> NONE <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
GARAGE KEEPERS LEGAL LIABILITY (SYMBOL 30)	\$ _____ Legal Form ONLY	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
MEDICAL PAY (PREMISES, AUTO OR COMBINED?)	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> PREMISES <input type="checkbox"/> AUTO <input type="checkbox"/> COMBINED AUTO/ PREMISES	
FIRE LEGAL LIABILITY	\$ _____ (Not necessary if obtaining Building Coverage)	
ADDITIONAL INSURED (IF MORE NEEDED, USE SEPARATE SHEET)	NAME: _____ ADDRESS: _____ CITY _____ STATE: _____ Choose one: <input type="checkbox"/> Franchisor <input type="checkbox"/> Landlord <input type="checkbox"/> Bank/Lender <input type="checkbox"/> OTHER -Please explain: _____	

LOCATION NO.: _____

PROPERTY COVERAGE- State all applicable coverage and limits that the insured is requesting:

COVERAGE	LIMITS	CAUSE OF LOSS	DEDUCTIBLE
Building (90% Coinsurance)	\$ _____	___ Special ___ Basic	___ \$ 500 ___ \$1,000 ___ \$2,500
Contents (90% Coinsurance) <i>(Special Form with THEFT requires Central Station Alarm)</i>	\$ _____	___ Special ___ Basic ___ Special not including theft	___ \$500 ___ \$1,000 ___ \$2,500
Loss of Earnings <i>(25% Form)</i>	\$ _____	___ With Extra Expense	
Outdoor Signs (\$500 Deductible)	\$ _____	Constructed entirely of metal? ___ YES ___ NO	

RATING INFORMATION- MUST PROVIDE THE FOLLOWING INFORMATION:

1. CONSTRUCTION TYPE OF BUILDING: ___ Frame ___ Non-combustible ___ Joisted Masonry ___ Fire resistive (Choose only one)	
___ Masonry Non-combustible ___ Mod. fire resistive	
2. SQUARE FOOTAGE OF BUILDING: _____ Square feet	
3. YEAR THE BUILDING WAS CONSTRUCTED: _____	
4. <u>Is there an operating central station reporting burglar alarm?</u>	___ YES ___ NO
5. Are there any large cracks or potholes in the pavement?	___ YES ___ NO
6. Are there any open or obvious slip and fall hazards?	___ YES ___ NO
7. Are there any fire hazards such as gas pumps, open fuel containers, oily rags, paints, etc.?	___ YES ___ NO
8. Are there operable fire extinguishers mounted and easily accessible?	___ YES ___ NO
9. Is the building sprinklered?	___ YES ___ NO
10. Is the wiring in the building up to code?	___ YES ___ NO
11. Describe the neighborhood: ___ Good ___ Fair ___ Poor ___ Improving	
12. Describe the condition of the premises: ___ Good ___ Fair ___ Poor ___ Improving	

SCHEDULED VEHICLES

**Describe each vehicle; state all applicable coverage and limits requested.
FOR ADDITIONAL VEHICLES, DUPLICATE THIS FORM AS NEEDED!**

VEHICLE NO. 1

Year _____	Make _____	Model _____	VIN _____ License No. _____
Radius _____	Garaged at Location #__	Body Type _____	<u>STATED VALUE:</u> \$ _____
COVERAGE	____ LIABILITY (Limit will be same as Garage Liability limits and deductible)	____ PHYS. DAMAGE Deductible: ____ \$1,000 ____ \$500	____ UM Bodily Injury: ____ \$30,000 ____ \$60,000 ____ Med Pay: ____ \$1,000 ____ \$2,000 ____ \$5,000

VEHICLE NO. 2

Year _____	Make _____	Model _____	VIN _____ License No. _____
Radius _____	Garaged at Location #__	Body Type _____	<u>STATED VALUE:</u> \$ _____
COVERAGE	____ LIABILITY (Limit will be same as Garage Liability limits and deductible)	____ PHYS. DAMAGE Deductible: ____ \$1,000 ____ \$500	____ UM Bodily Injury: ____ \$30,000 ____ \$60,000 ____ Med Pay: ____ \$1,000 ____ \$2,000 ____ \$5,000

VEHICLE NO. 3

Year _____	Make _____	Model _____	VIN _____ License No. _____
Radius _____	Garaged at Location #__	Body Type _____	<u>STATED VALUE:</u> \$ _____
COVERAGE	____ LIABILITY (Limit will be same as Garage Liability limits and deductible)	____ PHYS. DAMAGE Deductible: ____ \$1,000 ____ \$500	____ UM Bodily Injury: ____ \$30,000 ____ \$60,000 ____ Med Pay: ____ \$1,000 ____ \$2,000 ____ \$5,000



Cal-Regent Insurance Services Corporation
 California License Number: 0C64516

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 Phone: (619) 596-2770 • Fax: (619) 596-4049
 Web Address: <http://www.cal-regent.com>
 General Information E-mail: calreg@cal-regent.com

Insured's Name: _____	DBA: _____
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Insurance Applicant Agreement

This must be read and understood by the applicant before it is signed.

<ol style="list-style-type: none"> 1. I understand that absolutely no insurance coverage of any kind whatsoever is being applied for other than the insurance coverage I have requested in this application. I also understand that absolutely NO INSURANCE coverage is effective until such insurance is accepted and bound by the insurance company and payment is made for such insurance. 2. I warrant that all of the information provided by me and my insurance broker is true and correct. I also understand that if any of the information provided in this application is not true then any and all insurance coverage will be void from the effective date of the insurance coverage. 3. I also understand that if any of the information provided to the insurance company in this application turns out to be false, my insurance policy may be canceled at any time at the option of the insurance company. 4. I understand that this insurance is not meant to apply to drivers under the age of 21 and that drivers under 21 must be excluded from auto coverage, even if you hire or use anyone under the age of 21. 5. If I have applied for Business Personal Property Coverage, I understand that unless I have an activated and fully functioning Automatic Burglary Alarm, protecting all of the buildings in their entirety, which signals to an outside central station or a police station, then I will NOT have coverage for the theft of any and all of my business personal property. 6. I have read and understood this entire application. I read and understand English. 7. The statements in this application are express warranties made by the applicant and relate to the past, present or future. The application is attached and incorporated into the policy. <p>NOTE: My signature authorizes any and all of my prior insurance companies to release any and all of my prior insurance and claims information to Cal-Regent Insurance services Corporation upon presentation of a copy of this Insurance Applicant Agreement.</p> <p>Applicant's Signature _____ Date _____ Print Name _____ Title _____</p>

Insurance Broker Agreement

This must be read and understood by the broker before it is signed.

<ol style="list-style-type: none"> 1. I warrant that all of the information contained in this application was obtained from the insured after I asked the insured for the information. 2. I understand that unsigned applications will be refused for binding and no coverage will be in force. 3. I understand that coverage is not bound until such time as I receive written confirmation of binding and a policy number from Cal-Regent Insurance Services Corporation. <p>Broker's Signature _____ Date _____ Print Name _____ Title _____</p>

Uninsured Motorist Rejection/Selection Agreement

This must be read and understood by the applicant before it is signed.

<p>The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, which the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code."</p> <p>The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code but not less than the financial responsibility requirements. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, which the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.</p> <p>Accordingly: I completely REJECT and delete Uninsured/Underinsured Motorist Coverage entirely.</p> <p> I select Uninsured/Underinsured Motorist Coverage in the amount of: \$30,000 \$50,000 \$60,000</p> <p>Applicant's Signature _____ Date _____ Print Name _____ Title _____</p>
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 Web Address: <http://www.cal-regent.com>
 General Information E-mail: calreg@cal-regent.com

Insured's Name:	DBA:
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Race, National Origin and Gender Form

Community Service Statement
 State National Insurance Company

_____ Submission Number

This information is requested by the State of California in order to monitor the insurer's compliance with the law. All applicants are requested to voluntarily provide the following information.

This section will be separated from the application prior to the insurer processing the application. No such information shall be used for purposes of underwriting or rating any applicant or policyholder.

Applicant's Name and Address (to be provided in order to refer back to the application) Note: use additional forms if more than two applicants.

Application Type
 Commercial Auto- Liability
 Commercial Auto- Physical Damage

* If the Applicant does not wish to provide the Department of Insurance with this information, please check here.

Check the Race or National Origin as it applies to the applicant or policy holder.

	Applicant			Co-Applicant		
	Male	Female	Business	Male	Female	Business
African American						
American Indian or Alaska Native						
Asian/Pacific Islander						
Latino						
White						
Other						